. No. 2 -11-10-39		BOARD OF HEALTH  FICATE OF DEATH  State File No					
5-17-39 I X21492	Registration District No. 399 Primary Registration Dist	CINO					
PERMANENT RECORD	1. PLACE OF DEATH:  (a) County Jackson  (b) City or town Kansas City  (If outside city or town limits, write "RURAL" and name of township)  (c) Name of hospital or institution:  Nora Clark Nurseing Home  (If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution  In this community 41 yrs  years, months or days)  3. (a) PRINT George M. Howard	2. USUAL RESIDENCE OF DECEASED:  (a) State Kansas (b) County Wyandotte  (c) City or town Kansas City 999  (If ontside city or town limits write "RURAL")  (d) Street No. 1629 Southwest Blvd.  (If rural, give location)  (e) If foreign born, how long in U. S. A.? years.  MEDICAL CERTIFICATION  20. DATE OF DEATH: Month January day 19  year 1941 hour 2 minute 10 p. M.  21. I hereby certify that I attended the deceased from 7 7 9 9					
BLACK INK—MAKE A	8. (b) If veteran, 3. (c) Social Security  name war						
	5. Color or raceWhite 6. (a) Single, widowed, married.  4. SerMale 7. Birth date of deceased February 18 1863  (Month) (Day) (Year)	that I last saw h. say alive on and that death occurred on the date and hour stated above.  Immediate cause of death  Control of the date and hour stated above.  Duration					
	8. AGE: Years Months Days If less than one day 77 11 1	Due to Orteric sellovari					
E UNFADING	9. Birthplace Knox Indiana / (City, town, or county) (State or foreign country) 10. Usual occupation Telegraph Operator 11. Industry or business Frisco R.R.	Other conditions. (Include pregnancy within 3 months of death)					
INLY—USE	12. Name	Major findings:  Of operations.  Underline the cause to which death should be charged sta-					
WRITE PLAINLY	No Record   State or foreign country	County   C					
	(c) Place: burial or cremation Maple Hill  18. (a) Signature of funeral director fates frame  (b) Address (and as City Carefar)  19. (a) 19 4 (b) M. M. Crime  (Registrar's signature)  (Licensed Embelmer's Sta	While at work? (Specify type of place)  While at work? (c) Means of figury  23. Signature (M. D. or other)  Address (M. D. or other)  Date signed (M. D. or other)					
į II	(Ficeused supermer.e 2ca	Mement on Reverse Step)					


I here	by certify	that the	e bod	y whose	name is i	recorded	on the rev	verse side o	of this cert	ificate was e	mbalmed by	me, or by	y <b></b>	
 	,,,									Registered A	Apprentice	No		*****

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.